

U.S. Department of Justice
United States Marshals Service

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER 05-10224-GAO
DEFENDANT J.C. Anderson	TYPE OF PROCESS Preliminary Order of Forfeiture
SERVE → AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN America Honda Finance Corporation
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 3625 West Royal Lane, Suite 200, Irving TX 75063

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
Eugenia Carris, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Preliminary Order of Forfeiture upon the above-identified individual by certified mail return receipt requested.

762025-05-0024

Signature of Attorney or other Originator requesting service on behalf of: <i>Eug M Carris</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE January 22, 2007
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above). <i>John J. Tilley</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.			
Bureau of ATF Asset Forfeiture / Seized Property Branch 650 Massachusetts Ave., NW Techworld, Suite 710 Washington, DC 20226 Address (complete only if different than shown above)	Date of Service <i>2/1/07</i> Time <i>10:00 am</i>			
	Signature of U.S. Marshal or Deputy			
Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
<i>10.00</i>	<i>10.00</i>	<i>0.00</i>	<i>0.00</i>	<i>0.00</i>

REMARKS:

See Atch Receipt 2/8/07

Completely fill in Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

America Honda
Finance Corporation
3628 West Royal Lane,
Suite 200, Irving, TX
75063

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7004 2510 0003 7161 5187

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

7004 2510 0003 7161 5187

Postage	\$	87.705
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$

Postmark
Here

7004 2510 0003 7161 5187

America Honda Finance Corporation
Street, Apt. No.
or PO Box No.
City, State, ZIP+4
IRVING, TX 75063

PS Form 3800, June 2002

See Reverse for Instructions